

Name
in
Full

Emily Catherine Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Salisbury	Wicomico				
Date of death 1909	Month Feb.	Day 20th	Year Age 61	Month 10	Days 21
Sex Female	Color or Race White	Birth-place Wetipquin, Md.			
Occupation Housekeeper	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Henry Wesley Anderson				
Father's Name William Harris	Father's Birthplace Somerset Co., Md.				
Mother's Maiden Name Mary Turner	Mother's Birthplace Wicomico Co., Md.				
Name of person giving Information Margaret Anderson	How related to deceased Daughter				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

79

Primary

Chronic Valvular Heart Disease Death Kept

Immediate

Obstruction of heart, Heart failure $\frac{1}{2}$ hour

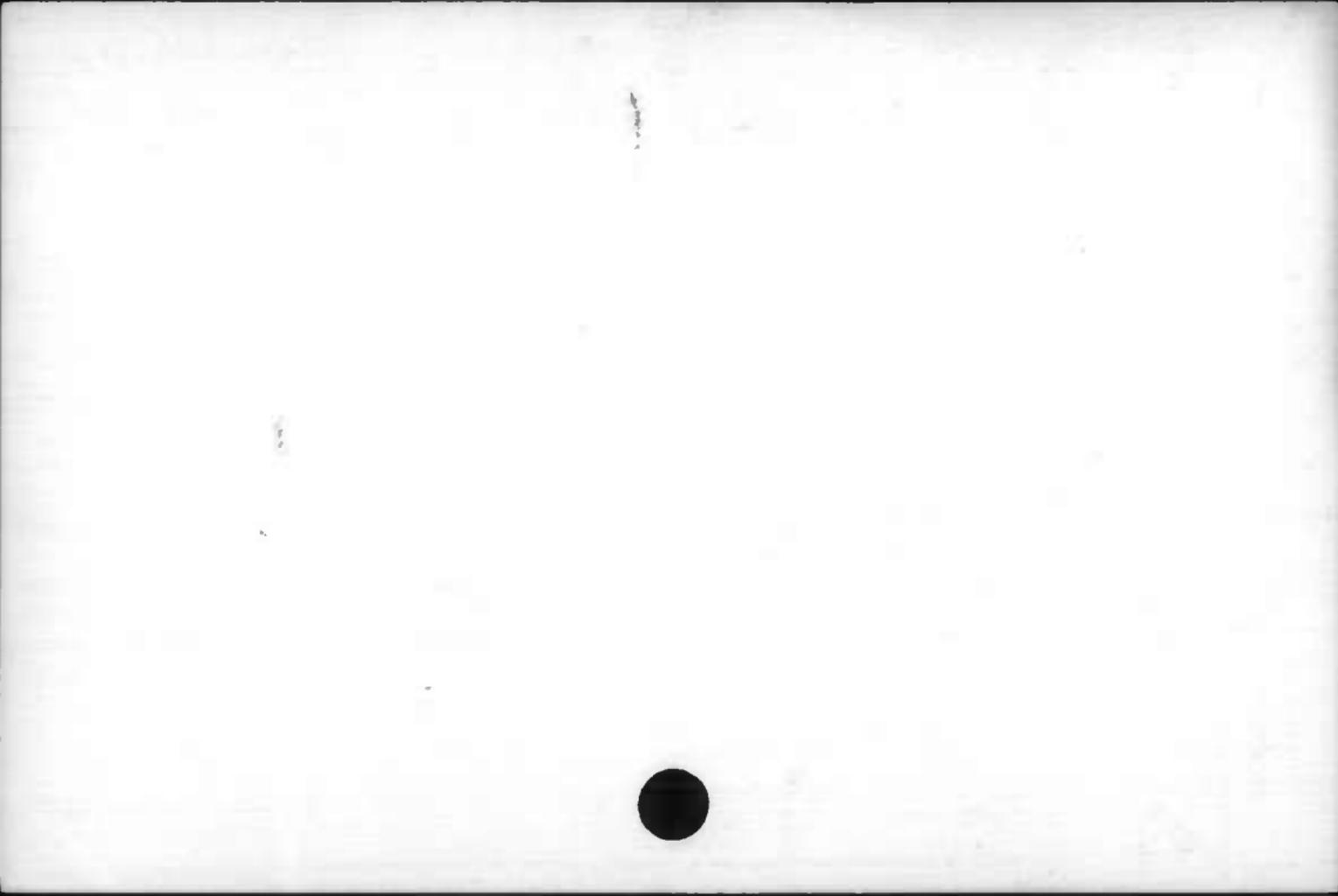
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Louis W. Morris, M.D.
Salisbury, Md.

J
Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH			
Died at	Mardela	of	Micomec				MARYLAND		
Date of death 190	9 Feb	Month	4	Day	Age	44	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Pennsylvania				
Occupation	House wife		Where Residing if not at place of death						
Married, Single or Widowed	Widow	Name of Wife or Husband	Andrew B Armstrong						
Father's Name	John Chambers		Father's Birthplace		Unknown				
Mother's Maiden Name	Rachal Mahan		Mother's Birthplace		" "				
Name of person giving Information	Andrew B Armstrong		How related to deceased		Husband				

CAUSES OF DEATH

Primary

Tuberculosis of lungs.

27

How long

2 years.

Immediate

Cardiac weakness and Drapier

3 weeks

Are the name, age, sex, color, date and place correctly given above?

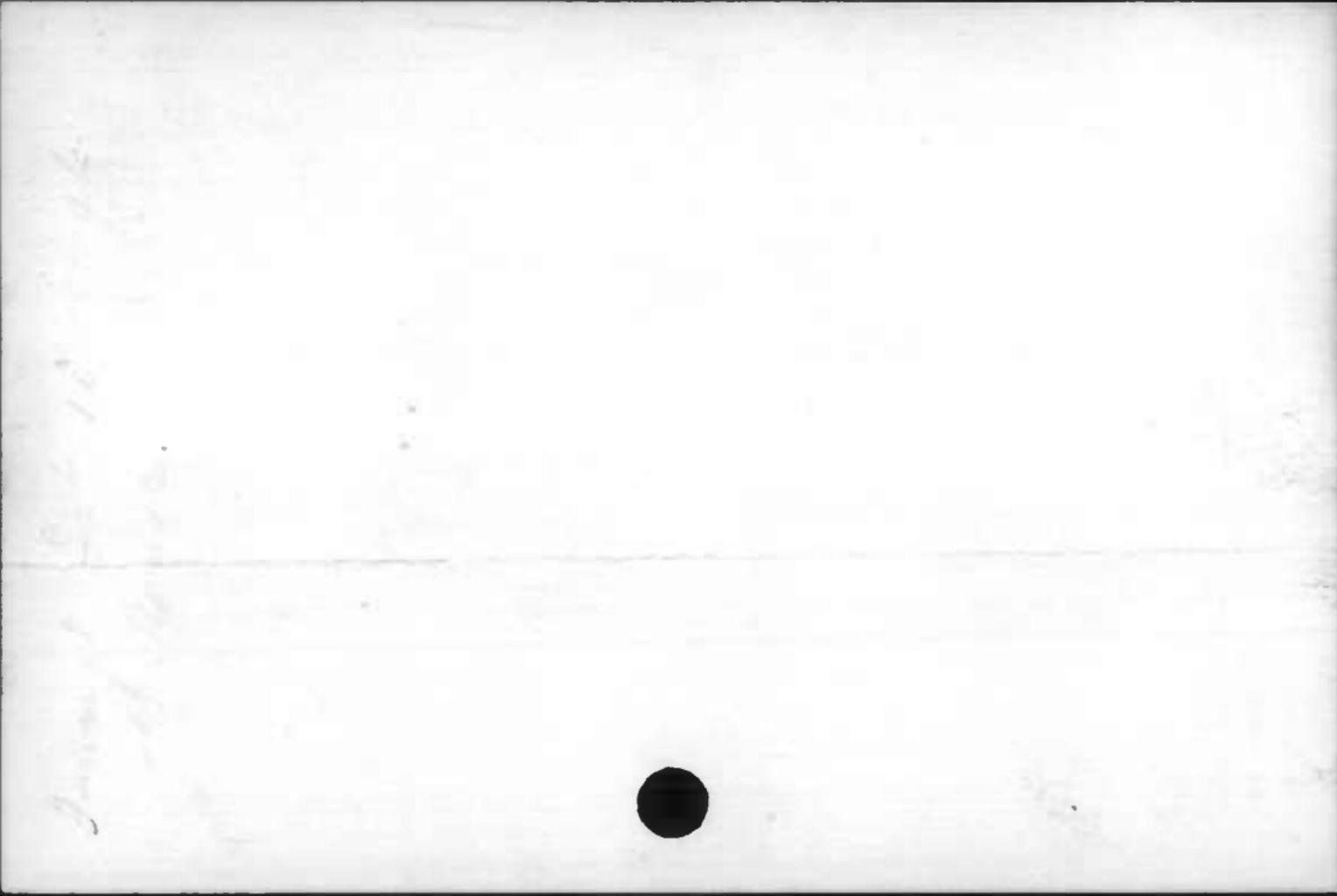
Yes.

Signature of Physician

Address

Dr. W. Gossamer
Shaplour
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Blacker		Birth-piece	Nel
Occupation	Housework		Where Residing if not at place of death 207 Polk Alley			
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace		
Thomas Chambers		Thomas Chambers	No			
Mother's Maiden Name	Emma Dennis		Mother's Name	Mother's Birthplace		
Name of person giving Information	Emma Dennis		How related to deceased	Daughter		

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

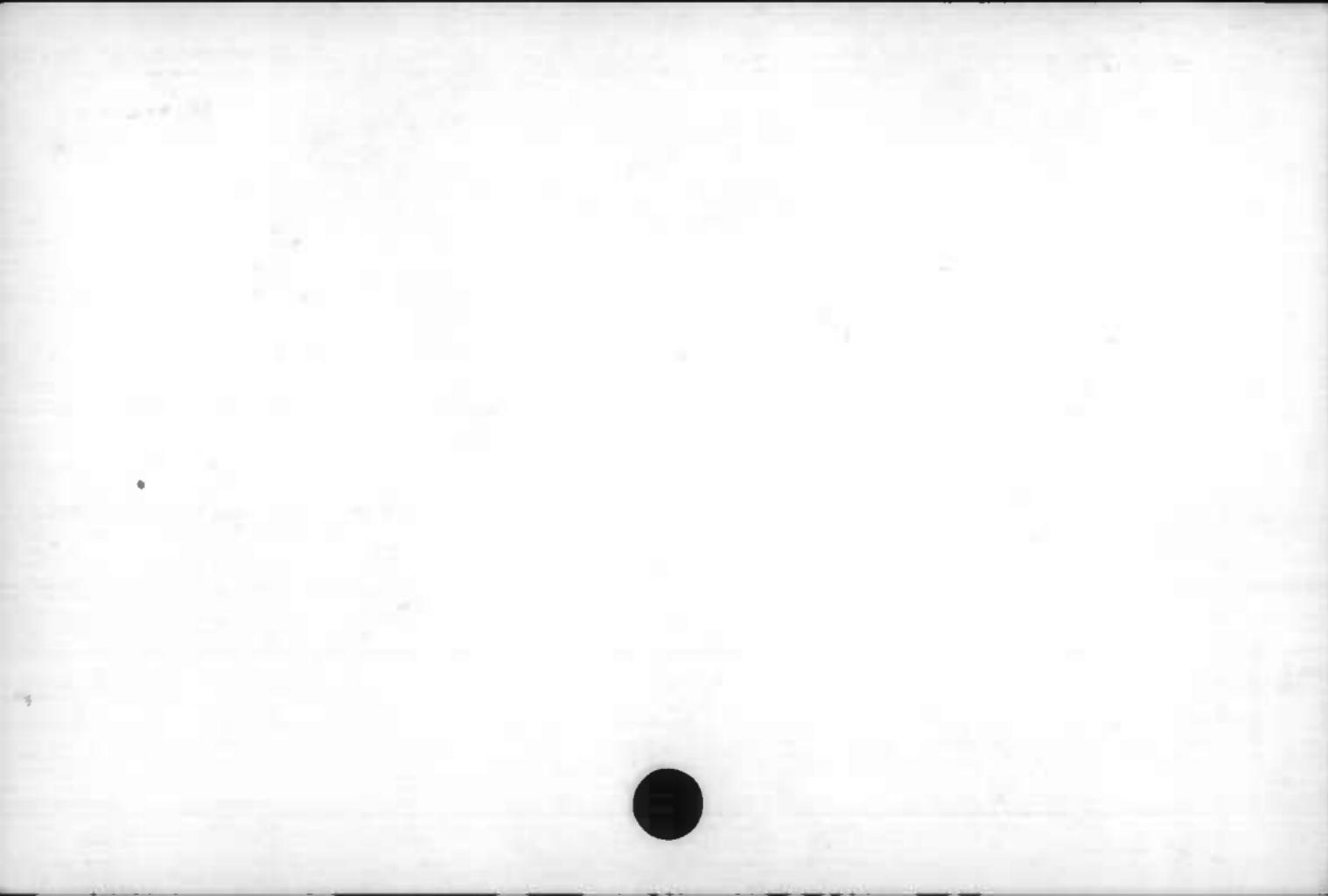


Accident or Suicide

Signature of Physician

Address

Dr R. Gandy
Salisbury Md



Name
in
Full

Rhoda Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Year		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Feb	28	Age 23	8	4	
Sex Female	Color or Race	Where Residing if not at place of death				
Occupation Housewife	Name of Wife or Husband					
Married, Single or Widowed Married	Name of Wife or Husband		Sweet Dennis.			
Father's Name John White			Father's Birthplace Tyaskin			
Mother's Maiden Name Susan Cook			Mother's Birthplace "		"	
Name of person giving Information Chas A. Brown			How related to deceased		Not at all.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

2 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

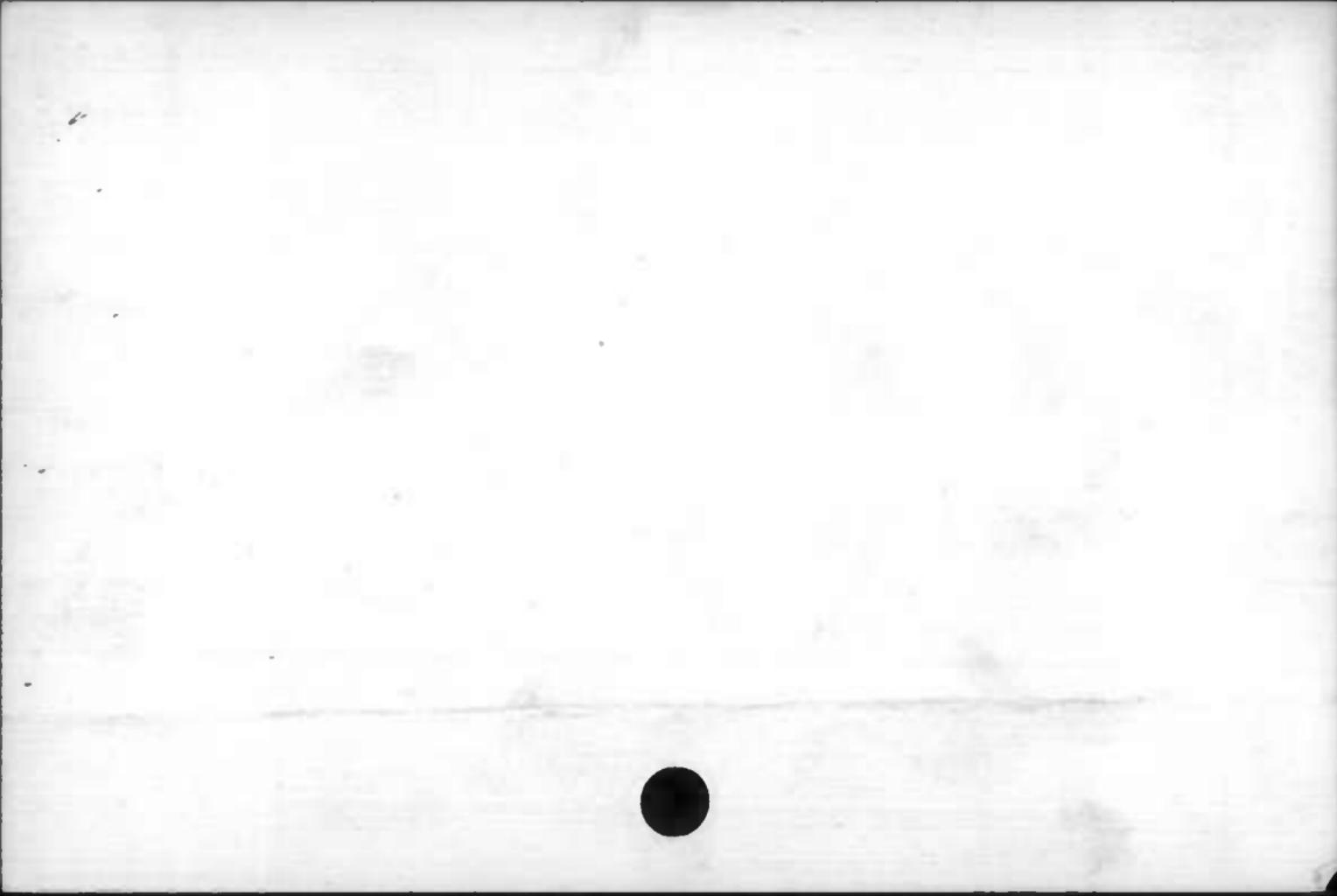
Signature of Physician

Address

L. Eddington
Markella

Accident or Suicide

J



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Baptist or name (Gray)

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Salisbury	Wicomico				
Date of death	Month	Day	Years	Months	Days
1909	Dec	27	Age	2	
Sex	Color or Race	Birth-place			
male	Black	Md			
Occupation	Where Reiding if not at place of death				

Married, Single
or Widewed

Name of Wife or
Husband

Father's
Name

Kidney Winger

Father's
Birthplace

Md

Mother's
Maiden Name

Hollie Gray

Mother's
Birthplace

Md

Name of person giving
Information

Major Gray

How related
to deceased

grand father

CAUSES OF DEATH

Primary

Bronchitis

90

How long

1 week.

Immediate

Capillary Bronchitis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

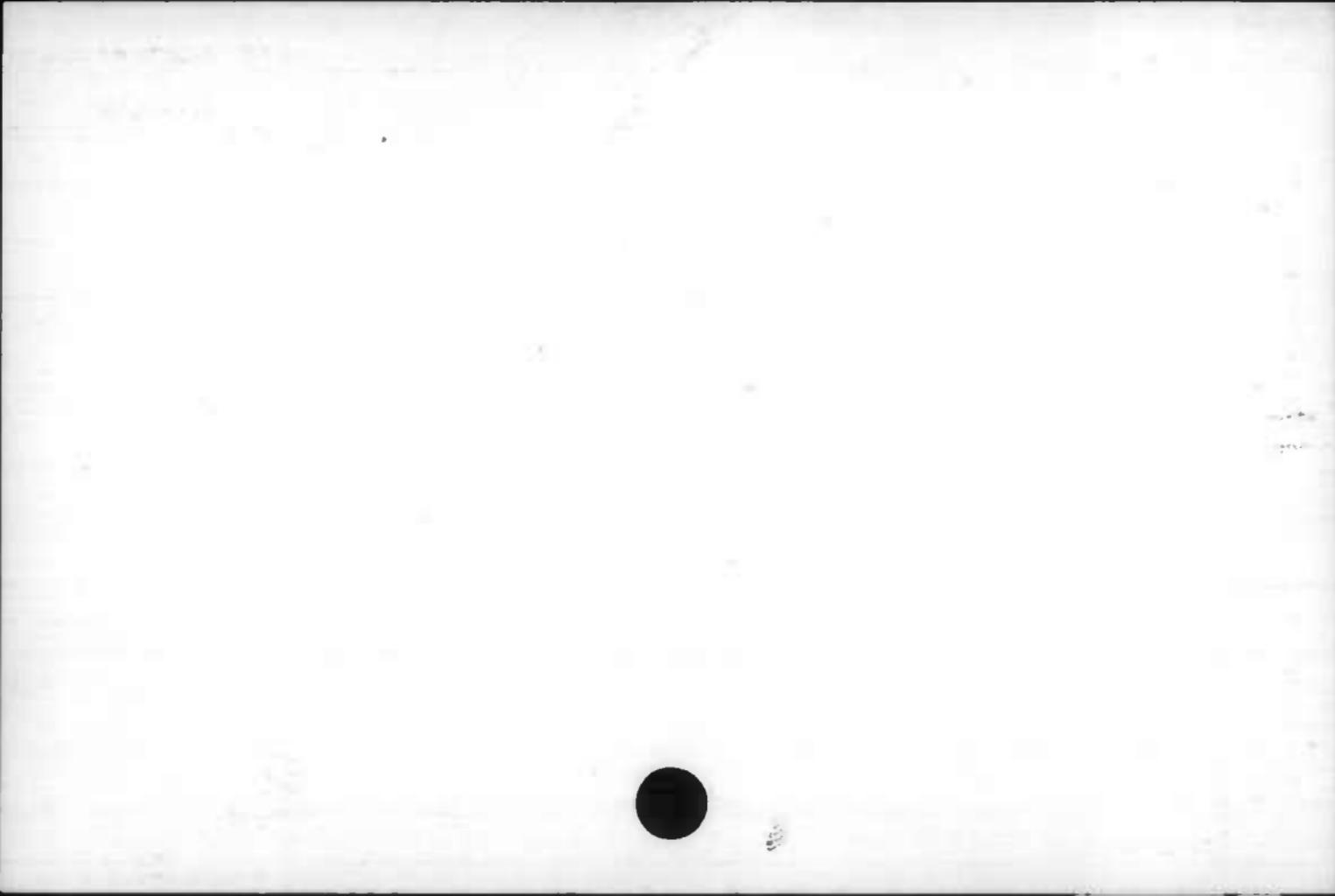
Signature of
Physician

Address

Dr. C. E. Gray

Salisbury
Md.

Accident or Suicide



Name
in
Full

Wyses, Stalon Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Wilmington		Delaware		
Date of death	Month	Day	Years	Months	Days
1909	2	25	—	11	20
Sex	Male	Color or Race	White	Birth-place	Wilmington
Occupation	Teacher		Where Residing if not at place of death	Lillie J. Hastings	
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Delaware	
Son	Ariel T. Hastings		Lillie J. Hastings	Maryland	
Mother's Maiden Name	Lillie J. Parsons		How related to deceased	Mother	
Name of person giving Information	Ariel T. Hastings		93		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

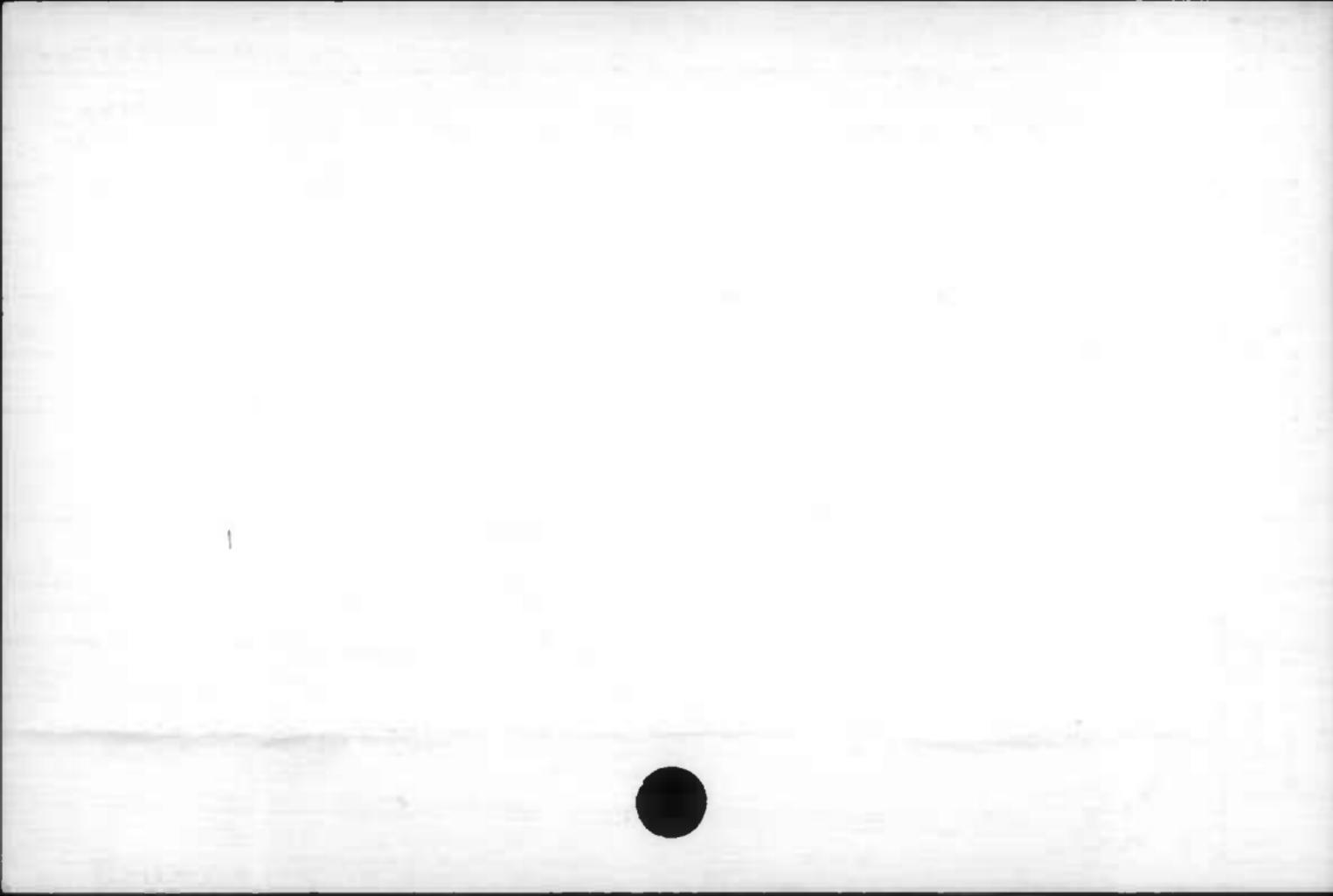
Yes

Signature of Physician

Address

Robert Elligood
Wilmington Del

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sallie C Hayman

CERTIFICATE OF DEATH

Town	Ponerville			County	Wisconsin		
Died at	Month	Day	Years	Age	Months	Days	MARYLAND
Date of death	190	9	Feb	2	48	8	20
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	Dresser			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			John D Hayman	Father's Birthplace	Md	
Father's Name	John Wilkins			Mother's Birthplace	Md		
Mother's Maiden Name	Margaret A Leathis			How related to deceased	Husband		
Name of person giving Information	John D Hayman			27	How long	6 months	

CAUSES OF DEATH

Primary

Consumption

Immediate

Are the name, age, sex, color, date and place correctly given above?

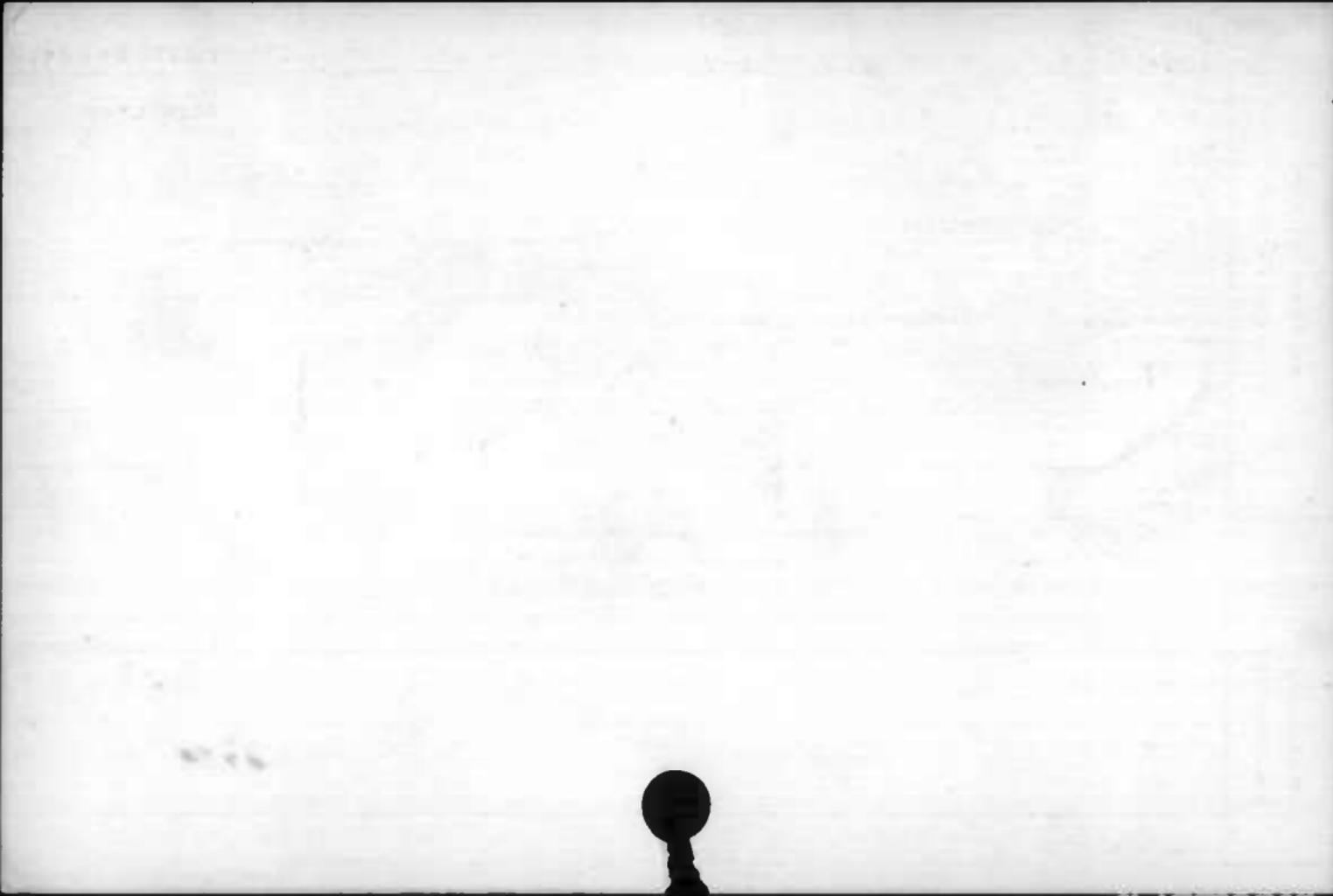
J

Signature of Physician

Address

L H Leathis
Ponerville
Md

Accident or Suicide



Name
in
Full

Henry Hearn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

near Town County
Died at Salisbury Incomer MARYLAND
Date of death Month Day Years Month Days
1909 Feb 21 38 last birthday
Sex male Color or Birth-place
Occupation Laborer Where Residing if not
et place of death
Married, Single Name of Wife or
or Widowed Husband Mary E Hearn
Father's Name James Hearn Father's Birthplace
Mother's Maiden Name Mahala White Mother's Birthplace
Name of person giving wife How related
Information to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

2 yrs

Im mediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

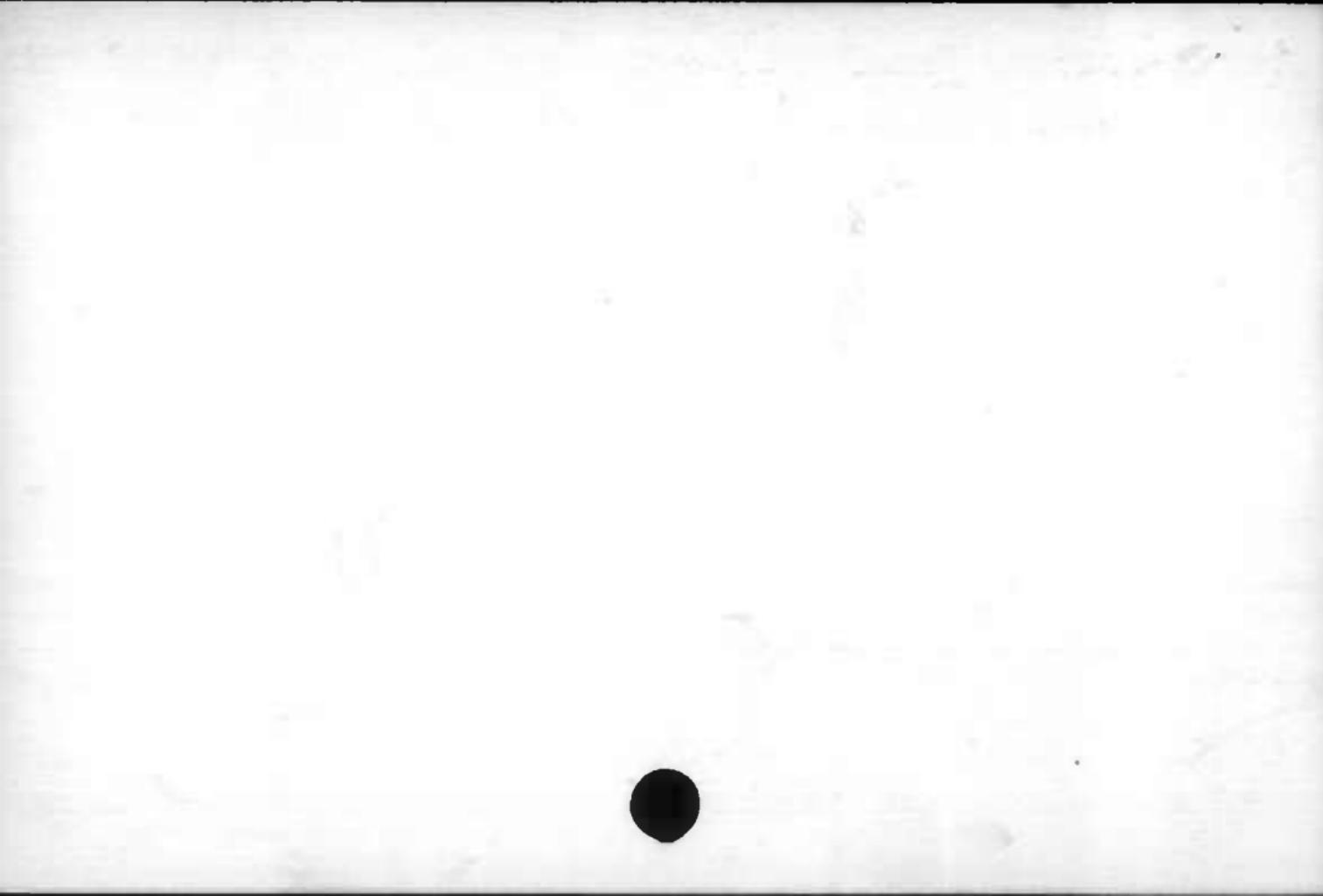
yes

Signature of
Physician

Address

C R Huitt M.D.
Salisbury.
Maryland.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Salisbury</u>		Town <u>Salisbury</u>	County <u>Wicomico</u>	MARYLAND	
Date of death <u>190</u>	Month <u>Feb</u>	Day <u>20</u>	Years	Month <u>4</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Salisbury Md.</u>			
Occupation <u>Infant X</u>	Where Residing if not at place of death <u>Salisbury Md.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>		Father's Name <u>Robert W Jones</u>	Father's Birthplace <u>Md.</u>	
Mother's Maiden Name <u>Hester J Coonaway</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving Information <u>Robert W Jones</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

Primary Congenital Microcephalus

(150)

How long

16 mos.

Immediate Consulsions

How long

1 month or more

Are the name, age, sex, color, date and place correctly given above?

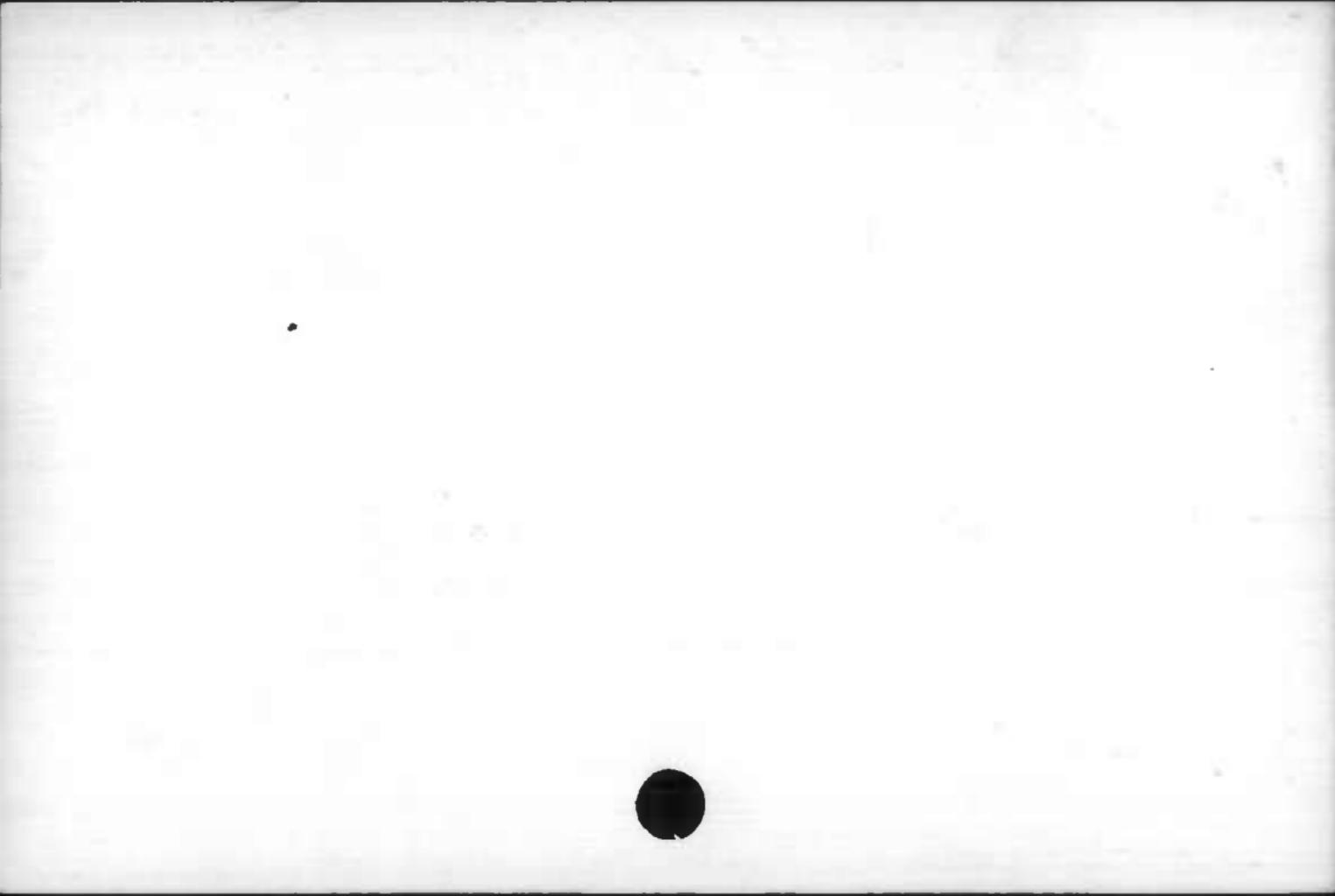
Signature of Physician

Address

Louis W. Dennis M.D.

Salisbury Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ralph G. Lemmons

CERTIFICATE OF DEATH

Died at	Town	County	- MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Feb	17	0	5	19
Sex	Male	Color or Race	Black	Birth-place	Mid
Occupation	Child	Where Residing if not at place of death	Galesburg		
Married, Single or Widowed	Child	Name of Wife or Husband	No	Father's Birthplace	Mid
Father's Name	Charlie Lemmons			Mother's Birthplace	Mid
Mother's Maiden Name	Lulla Waller			How related to deceased	Moth
Name of person giving Information	Lulla Lemmons				

CAUSES OF DEATH

Primary

Cold
Pneumonia

93

How long

3 weeks

Immediate

Are the name, sga, sex, color, date and place correctly given above?

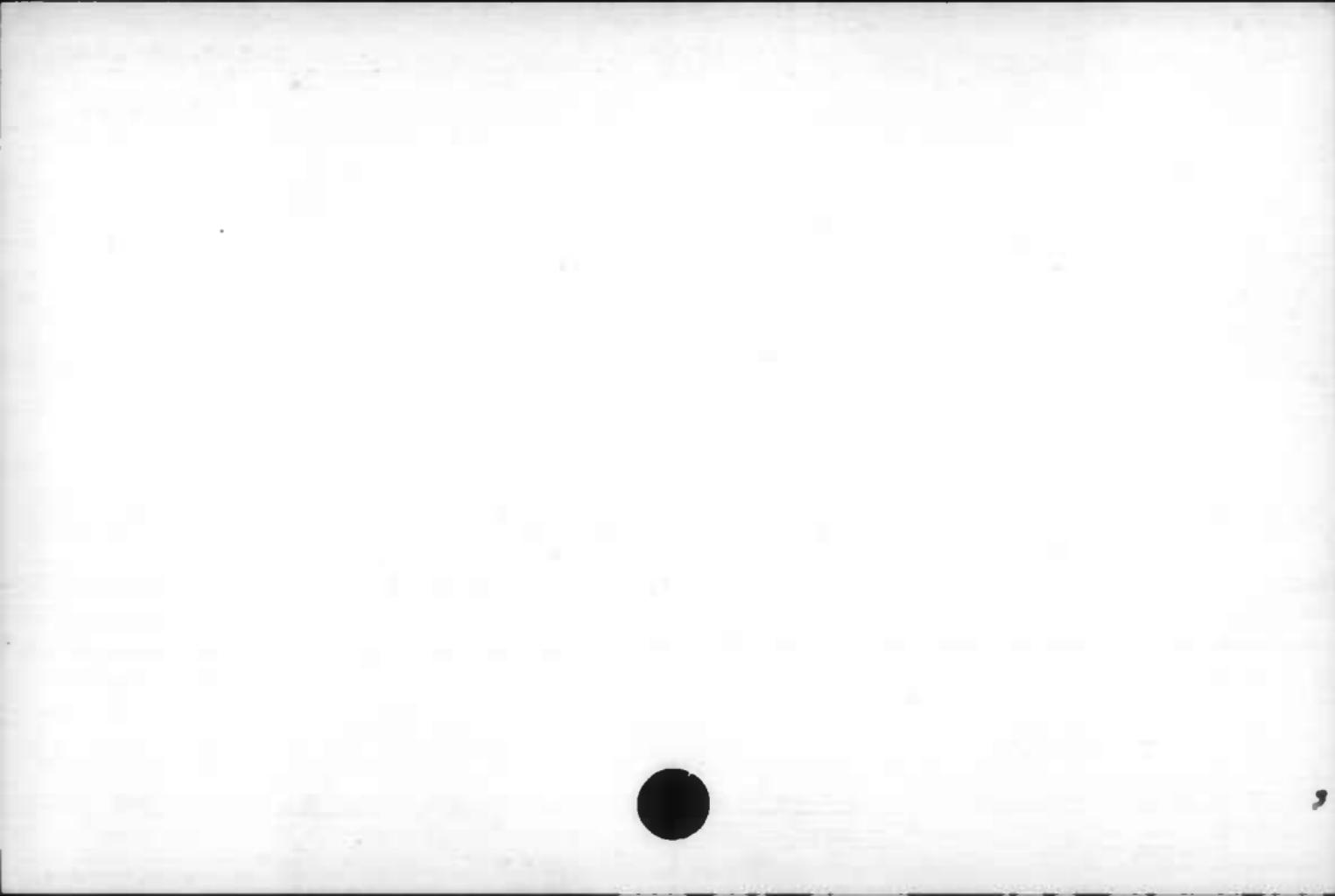
Yes

Signature of Physician

Address

C K Truett
Galesburg Ill

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Carenza H. M. Robins

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month 2	Day 19	Years 5	Months 5	Days 5
Sex	Female	Color or Race	Cal.		Birth-place	Bridgewater
Occupation	School girl		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Littletton J. B. Robins			Father's Birthplace	Cal.	
Mother's Maiden Name	Emma Robins			Mother's Birthplace	id.	
Name of person giving information	Littletton Robins			How related to deceased	son	

CAUSES OF DEATH

1

How long

5 weeks

How long

6 hours

Primary

Syphilis

Immediate

Anterior Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

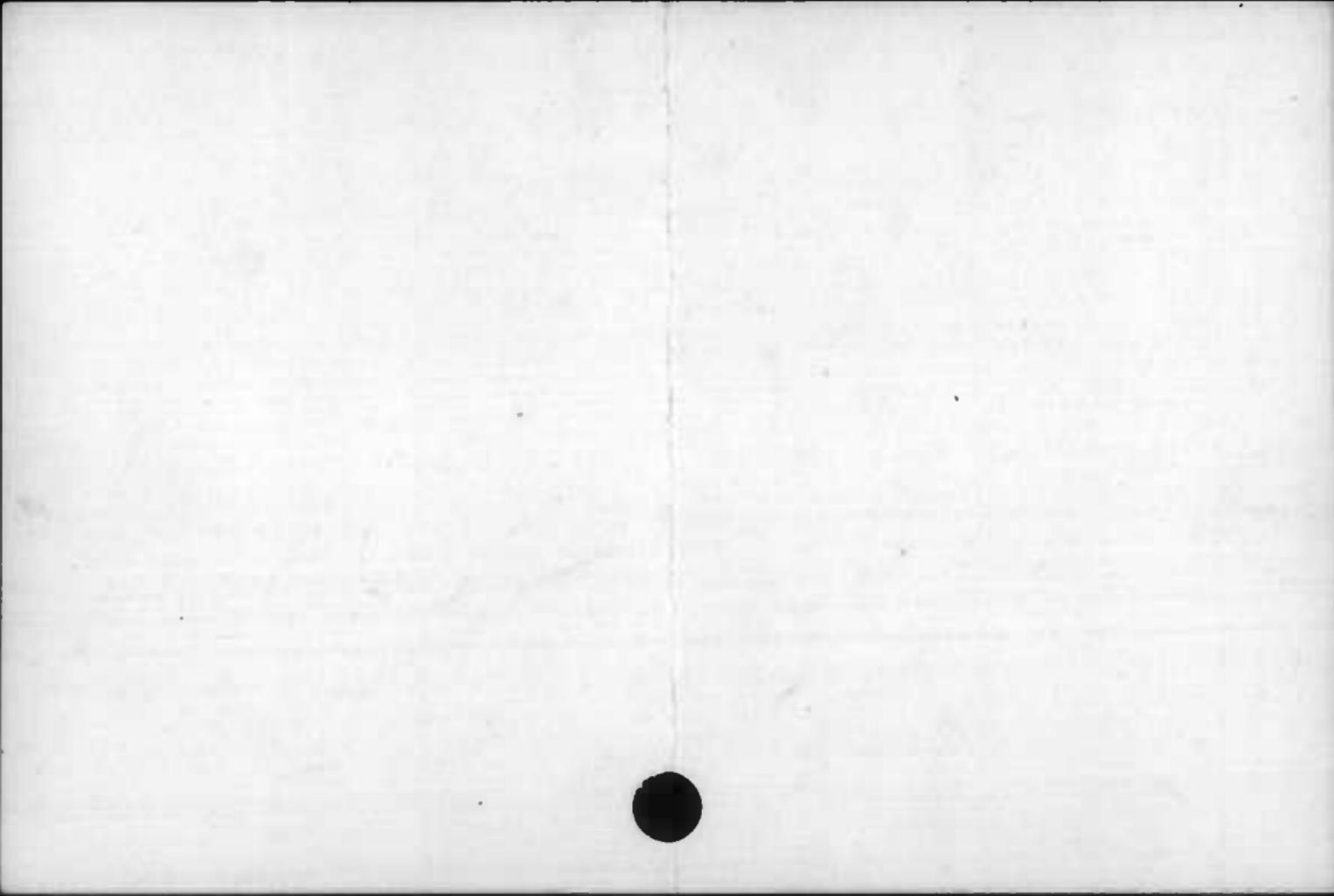
Address

Littletown

Dorothy Robins

Accident or Suicide?

No



Name
in
Full

Margaret J Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury County Maryland
Date of death 1909 Dec 21 Age 61 Months Days
Sex Female Color or Race White Birth-place Del
Occupation Housework Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband Peter Smith
Father's Name Rufus Mitchell Father's Birthplace Lael
Mother's Maiden Name Giselle Doward Mother's Birthplace McL
Name of person giving Information Peter Smith How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

79

How long

How long

Accident or Suicide



Name
in
Full

Infant (Not Named) of Geo. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Shad Point		County	Wicomico	
Died at	Month	Day	Year	Months	Days
Date of death 1909	Feby.	13 th	Age 0	One	Seven
Sex Male	Color or Race	White	Birth-place	Shad Point	
Occupation None	Where Residing if not at place of death			Shad Point	
Married, Single or Widowed Single	Name of Wife or Husband		None		
Father's Name George Williams	Father's Birthplace			Wicomico, Md.	
Mother's Maiden Name Irene Fields	Mother's Birthplace			" " "	
Name of person giving Information Charles W. Fields	How related to deceased			Uncle	

CAUSES OF DEATH

92

How long

4 or 5 days

How long

2d life

PHYSICIAN
OR CORONER

Primary

Acute Bronchitis - Pneumonia

Immediate

Aphora & heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Louis A. Leonis M.D.

Publicly Rec'd.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Fronia Acquith Hooten

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-Place	
Occupation	infant	Where Residing if not at place of death			
Married, Single or Widowed	infant	Name of Wife or Husband	infant	Father's Birthplace	Declar
Father's Name	E. St. Hooten			Mother's Birthplace	ma
Mother's Maiden Name	M. E. Truth			How related to deceased	Father
Name of person giving Information	E. St. Hooten				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

17 days

Immediate

Heart weakness

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James Boggs
Delmar Delaware

Accident or Suicide?

010084461